



# Gaston County

Gaston County  
Board of Commissioners  
www.gastongov.com

## Human Resources

### Board Action

File #: 16-173

Commissioner Keigher - To Appropriate Funds for a Comprehensive Classification and Compensation Study (\$75,000)

#### STAFF CONTACT

Pam Overcash - Human Resources - 704-866-3722

#### BUDGET IMPACT

Appropriate funds from Fund Balance, in the amount of \$75,000 for a Comprehensive Classification and Compensation Study and authorize funds to be carried forward into FY16-17 in the event a contract cannot be executed prior to June 30, 2016.

#### BUDGET ORDINANCE IMPACT

Reduce Fund Balance by \$75,000 and increase Human Resources Professional Services account by \$75,000.

#### BACKGROUND

Funds are needed to fulfill the BOC's directive at the 2016 Planning Retreat to conduct a classification and compensation study.

#### POLICY IMPACT

N/A

#### ATTACHMENTS

Budget Change Request

DO NOT TYPE BELOW THIS LINE

I, Donna S. Buff, Clerk to the County Commission, do hereby certify that the above is a true and correct copy of action taken by the Board of Commissioners as follows:

| NO.      | DATE       | M1 | M2 | Brown | Carpenter | Fraley | Keigher | Rhodes | Price | Williams | Vote |
|----------|------------|----|----|-------|-----------|--------|---------|--------|-------|----------|------|
| 2016-116 | 04/26/2016 | AF | JC | AB    | A         | A      | A       | A      | AB    | A        | U    |

#### DISTRIBUTION:

Laserfiche Users

A=AYE, N=NAY, AB=ABSENT, ABS=ABSTAIN, U=UNANIMOUS

## GASTON COUNTY BUDGET CHANGE REQUEST

TO: Earl Mathers COUNTY MANAGER

FROM: 4122 Human Resources  
 Dept. # Department Name

Pam Overcash 4-4-16  
 Department Director's Signature Date

### TYPE OF REQUEST:

☐ Line Item Transfer Within Department & Fund

☐ Line Item Transfer Between Funds \*

☐ Project Transfer Within Department & Fund

☒ Additional Appropriation of Funds \*

☐ Line Item Transfer Between Departments\*

\* Requires resolution by the Board of Commissioners

Resolution #

Date

| ACCOUNT DESCRIPTION<br>(As it appears in the budget) | ACCOUNT NUMBER                               | PROJECT       | AMOUNT             |
|--|--|---------------|--------------------|
|  | Fund - Dept - Subdept - Div - Acct - Subacct | SUBPROJECT    | Whole Dollars Only |
|  | xx - xxxx - xxxx - xxxx - xxx - xxx          | xxxxx - xxxxx | (See Note Below)   |
| Fund Balance   | 10-9900-990-500                              |               | (\$75,000)         |
| Professional Services                                | 10-4122-199-000                              |               | \$75,000           |

### JUSTIFICATION FOR REQUEST:

Funds need to complete the Comprehensive Classification and Compensation Study per BOC directive during the 2016 Planning Retreat.

### APPROVAL SIGNATURES:

[Signature] 4/28/16  
 County Manager/Interim Assistant County Manager Date

[Signature] 4/28/16  
 Financial Operations Manager/Asst. Financial Operations Mgr. Date

[Signature] 4/28/16  
 Interim Budget Administrator Date

Note: Decreases in expenditures & increases in revenue accounts require brackets. Increases in expenditures & decreases in revenue do not require brackets. Please note that transfers between funds require interfund transfer accounts.